

<b>Case Number:</b>	CM14-0165589		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	04/05/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehab, and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old female who reported an injury on 04/05/2012 due to repetitive motions. The injured worker reportedly sustained an injury to her left upper back, shoulder, arm, hand, and fingers. The injured worker's treatment history included left carpal tunnel release in 03/2013 and left shoulder surgery in 02/2014. The injured worker has also undergone postsurgical physical therapy, medications, and corticosteroid injections. It was noted that the injured worker was having difficulty performing all activities of daily living. No physical examination was provided for the exam. The injured worker's medications included transdermal analgesics and Norco/APAP 10/325 mg. The injured worker's treatment plan included a complete blood count; comprehensive metabolic panel; a urinalysis; a refill of Norco; and a topical agent containing flurbiprofen, camphor, menthol, and capsaicin; in addition, physical therapy was also requested. No Request for Authorization form was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Urine analysis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** The requested Urine analysis is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend regular monitoring for aberrant behavior for patients who are on opioid therapy. The clinical documentation does indicate that the patient is on opioid therapy. However, there is no documentation of over or under-use. There is no evaluation of the injured worker's level of risk for non-adherent behavior. There is no documentation of when the last urine analysis was done and what the results of that test were. Therefore, the need for an additional urinalysis at this time is not clearly supported. As such, the requested Urine analysis is not medically necessary or appropriate.

**Comprehensive metabolic panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** The request for a Comprehensive metabolic panel is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does support the need for laboratory work prior to initiation of non-steroidal anti-inflammatory drugs. However, the clinical documentation submitted for review does not clearly address when the last blood work was completed for this patient and what the results were. Therefore, the need for a comprehensive metabolic panel is not supported. As such, the requested Comprehensive metabolic panel is not medically necessary or appropriate.

**Complete blood count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** The request for a Complete blood count is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does support the need for laboratory work prior to initiation of non-steroidal anti-inflammatory drugs. However, the clinical documentation submitted for review does not clearly address when the last blood work was completed for this patient and what the results were. Therefore, the need for a complete blood count is not supported. As such, the requested Complete blood count is not medically necessary or appropriate.

**Flurbiprofen 30%/Camphor 2%/Menthol 2%/Capsaicin 0.0375% 240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs, Capsaicin Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The requested Flurbiprofen 30%/Camphor 2%/Menthol 2%/Capsaicin 0.0375% 240gm is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of topical non-steroidal anti-inflammatory drugs for patients who are intolerant or when oral formulations are contraindicated for the patient. The clinical documentation does not provide any support for the patient's inability to tolerate oral medications. California Medical Treatment Utilization Schedule does not support the use of capsaicin as a topical analgesic unless the patient has failed other first line chronic pain management treatments. The clinical documentation submitted for review does not provide any indication that the patient has failed to respond to anticonvulsants or antidepressants. Additionally, California Medical Treatment Utilization Schedule does not recommend the use of a capsaicin formulation of 0.0375 over a formulation of 0.0225. California Medical Treatment Utilization Schedule recommends that any medication that contains at least 1 drug or drug class that is not recommended is not recommended. As such, the requested Flurbiprofen 30%/Camphor 2%/Menthol 2%/Capsaicin 0.0375% 240gm is not medically necessary or appropriate.